



TAX-EXEMPT MOTOR FUEL PROGRAM

Non-Member Authorized Use of Tribal Card for Fuel Purchases

Name	Tribal ID	Date
Address	Type of disability	
	Circle One	Expiration date, if temporary
	Permanent Temporary	_____

I hereby authorize the following family member/caretaker to use my Tribal ID card on my behalf due to the disability noted above. I understand that I must be present in the vehicle when tax-exempt fuel is being purchased.

Authorized user(s)	
Address	
Phone No.	

Signatures:

Tribal Member

Date

Authorized person

Date

Authorized person

Date

Witness

Date

Approved by: _____, Tax Dept., on _____ day of _____, 20 _____

Approved by: _____, Ogema Dept., on _____ day of _____, 20 _____

Must attach (photocopied) picture(s) of authorized user(s).

Complete and return to Tax Office